


Date: _____

Offender Name: _____

JIRMS # _____

Was Offender Provided Educational Programming: <input type="checkbox"/> YES <input type="checkbox"/> NO	If No - Explain: _____
Was Offender Provided One Hour of Outdoor Exercise: <input type="checkbox"/> YES <input type="checkbox"/> NO	If No - Explain: _____
 _____	Approved By: _____ (Warden / Designee)
Was Offender Provided With Reading/Writing Materials: <input type="checkbox"/> YES <input type="checkbox"/> NO	If No - Explain: _____

[illegible]

Officer's Signature: _____ (Name/Title)

Shift: _____

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